

TEAM ROSTER

League _____ Sport _____

Parish/School _____ Team Name _____ Team Colors _____

Boys 5th

Girls 6th

7th

8th

Name: _____ Head Coach _____ Assistant Coach _____

Address: _____

Phone: _____

Email: _____

Name	Address	City/Zip Code	Birth date	School	Was this player on the team last year?
1.	_____	_____	_____	_____	Yes No
2.	_____	_____	_____	_____	Yes No
3.	_____	_____	_____	_____	Yes No
4.	_____	_____	_____	_____	Yes No
5.	_____	_____	_____	_____	Yes No
6.	_____	_____	_____	_____	Yes No
7.	_____	_____	_____	_____	Yes No
8.	_____	_____	_____	_____	Yes No
9.	_____	_____	_____	_____	Yes No
10.	_____	_____	_____	_____	Yes No
11.	_____	_____	_____	_____	Yes No
12.	_____	_____	_____	_____	Yes No
13.	_____	_____	_____	_____	Yes No
14.	_____	_____	_____	_____	Yes No
15.	_____	_____	_____	_____	Yes No

To the best of our knowledge, all players listed conform to all eligibility rules, all coaches have satisfied the certification requirements, and the team and the athletic program at the parish/school are in compliance with all current Archdiocese of Milwaukee Policies & Procedures for Athletics

Coach's Signature _____ Date _____ Athletic Director Signature _____ Date _____

Pastor/Principal Signature _____ Date _____

Form approved: 5/4/2004